

Inventor Information

Inventor One Given Name:: David J.
Family Name:: Larson
Name Suffix::
Postal Address Line One:: 1200 Hawthorne Court
Postal Address Line Two::
City:: Northfield
State or Province:: MN
Country::
Postal or Zip Code:: 55057
City of Residence:: Northfield
State or Prov. of Residence:: MN
Country of Residence::
Citizenship Country:: USA

Inventor Two Given Name:: Eric W.
Family Name:: Singleton
Name Suffix::
Postal Address Line One:: 3035 Lakeshore Avenue
Postal Address Line Two::
City:: Maple Plain
State or Province:: MN
Country::
Postal or Zip Code:: 55359
City of Residence:: Maple Plain
State or Prov. of Residence:: MN
Country of Residence::
Citizenship Country:: USA

Inventor Three Given Name:: Declan
Family Name:: Macken
Name Suffix::
Postal Address Line One:: 14572 Rosewood Road N.E.
Postal Address Line Two::
City:: Prior Lake
State or Province:: MN
Country::
Postal or Zip Code:: 55372
City of Residence:: Prior Lake
State or Prov. of Residence:: MN
Country of Residence::
Citizenship Country:: Ireland

Inventor Four Given Name:: Patrick J.
Family Name:: Moran
Name Suffix::
Postal Address Line One:: 9117 Oliver Avenue South

Postal Address Line Two::
City:: Bloomington
State or Province:: MN
Country::
Postal or Zip Code:: 55431
City of Residence:: Bloomington
State or Prov. of Residence:: MN
Country of Residence::
Citizenship Country:: USA

Given name of Applicant::
Family Name::
Name Suffix::
Authority under 1.42::
Authority under 1.43::
Authority under 1.47::
Postal Address Line One::
Postal Address Line Two::
City::
State or Province::
Country::
Postal or Zip Code::
City of Residence::
State or Prov. of Residence::
Country of Residence::
Citizenship Country::

Correspondence Information

Correspondence Customer Number:: 00164
Telephone:: 612/339-1863
Fax:: 612/339-6580
Electronic Mail:: drfairbairn@kinney.com

Application Information

Title Line One:: HIGH MAGNETIC ANISOTROPY HARD
Title Line Two:: MAGNETIC BIAS ELEMENT
Total Drawing Sheets:: 11
Formal Drawings?:: Yes
Application Type:: Utility
Docket Number:: I69.12-0609
Licensed US Govt. Agency::
Contract or Grant Numbers::
Secrecy Order in Parent Application?::

Representative Information

Representative Customer Number:: 00164

Continuity Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application No.::	Filing Date::	Priority Claimed::

Assignee Information

Name::	Seagate Technology LLC
Address line one::	920 Disc Drive
Address line two::	
City::	Scotts Valley
State or Province::	CA
Postal or zip code::	95066